

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 09/28/01.
b. The request was received on 03/06/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No Response from carrier found in the commission case file
3. The commission case file does not contain any carrier responses nor a carrier sign sheet reflecting that the carrier received any additional information from the provider. A copy of the 06/11/02 letter requesting additional information from the provider was placed in the carrier representative's box at the TWCC office per TWCC computer activity log number 3 of 8.

III. PARTIES' POSITIONS

1. Requestor: Undated Letter
“**This facility does not negotiate contracts with Workers’ compensation claims. The fees of this facility are based strictly on the TWCC fee guidelines.** The carrier should provide this facility with proof of the alleged contract, if such proof cannot be provided; the carrier is responsible for forwarding the correct the [sic] payment to this facility immediately....In reference to the NCV studies if you would please refer to page 42 of the MFG...”
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/28/01.

2. Per the provider's TWCC-60, the amount billed is \$1,421.00; the amount paid is \$180.30; the amount in dispute is \$1,240.70.
3. The carrier denied the billed services by codes "*00111 01 – CONTRACTED PROVIDER" and "*00850 CERTIFICATION FOR THIS EPISODE/STAY."
4. The provider billed CPT codes 95900-27, 95904-27, 95925-27, and 95935-27 for dos in dispute.
5. On 10/07/02, the adjuster for the carrier faxed an amended Explanation of Review dated 11/20/01 to the Medical Dispute Officer. During a telephone call with the Medical Review Officer and the provider on 10/08/02, the provider stated they did not receive a copy of the 11/20/01 amended EOR. A copy of the amended EOR dated 11/20/01 was faxed to the provider by the Medical Dispute Officer on 10/08/02.

V. RATIONALE

Medical Review Division's rationale:

§ 134.304 (c) states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)..." The carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial.

The carrier failed to meet the standards set forth in § 134.304 (c), therefore, reimbursement in the amount of \$1,240.70 is recommended.

The above Findings and Decision are hereby issued this 8th day of October 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,240.70 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8th day of October 2002.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/dmm